PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

18989-016 (BWH-16)

| CLAIMS AS FILED - PARTI (Column 1) (Column 2) | | | | | | | _ | Small entity | | | OTHER THAN OR SMALL ENTITY | | |
|--|---|---|-------------------|----------------------|---------------------------------------|------------------|------|---------------------|------------------------|-----------|-------------------------------|------------------------|--|
| TOTAL CLAIMS | | | 15/ | | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | / \(\) minus 20= | | * /3/ | | | X\$ 9= | 1178 | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | / minus 3 = | | * 12 | | } | X42= | · · · · · | | X84= | | |
| MU | ILTIPLE DEPEN | DENT CLAIM P | /3 | | | | } | 742- | 504 | OR | 704- | | |
| <u></u> | | | | | | | | +140= | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | olumn 2 | | TOTAL | 2053 | OR | TOTAL | | |
| Claims as amended - Part II | | | | | | | | SMALL ENTITY | | | OTHER THAM OR SWALL ENTITY | | |
| | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | SWALL | | OK] [| SWALL | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVI | IBER OUSLY FOR | PRESENT EXTRA | . | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | tat | = | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | T OL ALD4 | = | | X42= | | OR | X84= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +140= | | OR | +280= | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | ~ | | <u> </u> | י ני | ADDIT: I EE | | | | | | | |
| ENT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUN PREVI | mn 2) HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| ME | Independent | * | Minus | *** | | = | | X42= | | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ▋▐ | +140= | | | +280= | | |
| | | | | | | | | TOTAL | | OR | TOTAL | | |
| | | | | | | | | DDIT. FEE | | OR | ADDIT. FEE | | |
| (| THE TOTAL CONTROL OF THE CONTROL OF | n | | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | AA | | = | | X\$ 9= | | OR | X\$18= | | |
| REP | Independent | * | Minus | *** | | = |] - | X42= | | | X84= | | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |] | - | | OR | | 1 | |
| _ | If the enter the state | and the leave the con- | ha amborio astr | | 10 "O" ! | lump 2 | | +140= | | OR | +280= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |